FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZ	ATION		
	(See instruct	tions)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Mississippi Po	wer Company Federal PAC a/k	/a/ Ms Pwr Co Emp Comm	for Re-	
ADDRESS (number and s	treet) 2992 West Beach E	Blvd 		
(Check if address is changed)				
	Gulfport,		MS	39502 _ 4079
		CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MAII	L ADDRESS (Please provide only one			
(Check if address is changed)	ablackbu@souther	nco.com		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
(Check if address is changed)			11111	<u> </u>
	سيبيبا			
2. DATE 1.2	7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICAT	TION NUMBER	C C00144147		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my k	nowledge and belief it is true, correct	and complete	
·	·	-	·	
Type or Print Name of 1	Treasurer Mrs. Anne B La	adner		
Signature of Treasurer	Electronically Filed by Mrs. And	ne B Ladner	Date 12 ^M	22 Y 2010
NOTE: Submission of fals	se, erroneous, or incomplete information n	nay subject the person signing this St	atement to the penaltic	es of 2 U.S.C. §437g.
	ANY CHANGE IN INFORM	ATION SHOULD BE REPORTED	WITHIN 10 DAYS	
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530	ission	FEC FORM 1 (Revised 02/2009)